

## Appendix A: Waiver Administration and Operation

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1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

- ☒ **The waiver is operated by the State Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

- ☐ **The Medical Assistance Unit.**

Specify the unit name:

(Do not complete item A-2)

- ☒ **Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

**Developmental Disabilities Program of the Disability Services Division of the Department of Public Health and Human Services**  
(Complete item A-2-a).

- ☐ **The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. (Complete item A-2-b).

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2. **Oversight of Performance.**

- a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:

Appendix A.2. Oversight of Performance

(a) The Developmental Disabilities Program (DDP) is responsible for the design, implementation and monitoring of all activities associated with this waiver.

(b) There is no single document serving to outline the roles and responsibilities of all staff related to waiver operation. There are many documents serving to outline the responsibilities of assigned staff regarding specific aspects of the waiver, including DDP rules and policies relating directly to the operation of the waiver. DDP maintains organizational charts, individual position descriptions, and web based information serving to assist persons who need assistance in accessing information about the waiver, and who within the DDP is responsible for decision making based on the issue at hand. The waiver renewal

application is probably the most comprehensive single document in outlining the persons/positions responsible for ensuring all the requirements of the waiver are being met.

(c). The Medicaid Director and his designee are ultimately responsible for ensuring that problems in the administration of the waiver are resolved. Typically, the Medicaid Director and his designee are not directly involved in the day to day operational decisions of DDP staff. Unless problems are brought to the attention of the Medicaid Director, there is little oversight of the direct operation of the waiver by the Director.

- b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

**As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the State. Thus this section does not need to be completed.**

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3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

- ☒ **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.*

### Case Management Services

The functions performed by child and adult case managers can be reviewed in A-7, but generally relate to the gathering of eligibility and referral information, needs identification (e.g., medical, educational and social), the development and monitoring of plans of care and coordinating the delivery of supports to recipients as outlined in the plans of care.

### Adult Targeted Case Management

More than half of the adult Targeted Case Managers (TCMs) are employees of non-profit agencies under contract with the DDP. The other TCMs are DDP State employees. TCM services are provided under the Montana State Plan. TCMs are responsible for providing entitled adult case management services to eligible persons aged 16 and over, except for those served in DDP waiver funded family-based children's services. All service recipients in DDP waiver funded children's and adult group homes receive adult TCM services.

### Case Management Services for Children

All children (except those in children's group homes) served in the waiver receive case management from Family Support Specialists (FSSs). Waiver case management is defined as Waiver-funded Children's Case Management (WCCM). FSSs are employees of non-profit agencies under contract with the DDP. Persons served are birth through 21. Children served in children's group homes are served by Adult Targeted Case Managers.

### Mountain Pacific Quality Health Foundation Contract for RN Level of Care Reviews

The DDP contracts with "The Foundation" for a Registered Nurse to accompany the DDP Quality Improvement Specialist (QIS) when meeting with the primary care giver for the purpose of completing initial Level of Care (LOC) activities. Specifically, the nurse is responsible for completing a Waiver 1 form documenting medical issues, and a Long Term Care Patient Evaluation Abstract, which serves as a summary of medical information typically collected prior to placement in a nursing home.

- ☐ **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

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4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver

operational and administrative functions and, if so, specify the type of entity (*Select One*):

☐ **Not applicable**

☐ **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.

Check each that applies:

- ☐ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

*Specify the nature of these agencies and complete items A-5 and A-6:*

**Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

*Specify the nature of these entities and complete items A-5 and A-6:*

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5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

Contracted entities providing case management in adult and children's services are reviewed against the performance requirements outlined in the Developmental Disabilities Program (DDP) quality assurance review tools specific to these services. The DDP Quality Improvement Specialist (QIS) and the DDP Waiver Specialist are responsible monitoring, summarized and reporting these activities as outlined in the Assessment of Methods and Frequency.

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6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

DISTRIBUTION OF WAIVER OPERATIONAL AND ADMINISTRATIVE FUNCTIONS

(See See Appendix A:5 Table

Function: Disseminate information concerning the waiver to potential enrollees

This activity is assigned to case managers for children and adults, as outlined in the FSS certification requirements and the handbook for adult targeted case managers. In practice, adult and children's case managers may share these responsibilities with other staff within their agencies.

Effective 7/1/08, the DDP will implement a QA checklist item for the QA document used to evaluate children's services and adult services relating to the sharing of waiver information with potential enrollees. The checklist item will verify evidence that case managers have participated in outreach and child find and school transition planning activities and have shared information regarding the waiver services potentially available, enrollment requirements, waiting list information, choice of available providers and provider and DDP staff contact information with potential

enrollees and others.

The children's and adult case management QA review requirements will be modified effective 7/1/08 to verify these activities have occurred in both children and adult services. Results will be reported in the QA Report for children's services, and the DDP Central Office CMS Assurances file for adult case managers, based on sampled data. The DDP Waiver Specialist and the DDP Quality Assurance Specialist are responsible for initiating these requirements.

Function: Assist individuals in waiver enrollment

Adult Targeted Case Managers are responsible for intake activities, including the gathering of information necessary for a DDP QIS to verify eligibility for adult services, and the demographic information needed to place a person on the waiting list. In children's services, eligibility documentation and referral activities may be assigned to an intake specialist, or split between an agency intake specialist and a case manager (a Family Support Specialist). Facilitating placement on a waiting list is a case manager activity. The development of a referral is a case management responsibility. These activities are reviewed annually in the DDP Quality Assurance monitoring tools for children's and adult services. Policies and rules relating to placement on a waiting list, referral components and other enrollment activities are developed by the DDP for both children's and adult service systems.

Function: Conduct level of care evaluation activities

Initial LOC Reviews: Family Support Specialists coordinate the initial FSS, QIS and RN LOC home visits in children's services, and provide information, as needed, to enable the QIS to complete the required LOC documents. As primary care givers, family members (usually parents) play a central role in the LOC process.

Effective 7/1/08, DDP will evaluate the annual performance of nursing services purchased under the Foundation Contract in completing LOC activities. Performance will be reviewed in two areas:

1. Nurses are available to complete onsite levels of care within 30 days of the request by the QIS. The Foundation Nurse is responsible for completing the required medical forms (W-1 and Long Term Care Patient Evaluation Abstract) during the initial LOC review for all individuals served in the waiver. Initial LOC reviews are conducted face-to-face.
2. Foundation nurses performing levels of care with the QIS are currently licensed.

The DDP Waiver Specialist will annually monitor compliance with these standards and maintain the data results in the DDP CMS assurances file.

Ongoing LOC Reviews: The nurse is involved in annual re-determinations only at the request of the QIS.

Effective 7/1/08, DDP will evaluate the annual performance of nursing services purchased under the Foundation Contract in completing requested re-determination activities. Performance will be reviewed in the following two areas:

3. Nurses are available to complete onsite re-determinations of levels of care within 30 days of the request by the QIS. The Foundation Nurse is responsible for completing the required medical forms (W-1 and Long Term Care Patient Evaluation Abstract) during the initial LOC review for all individuals served in the waiver. Initial LOC reviews are conducted face-to-face.
4. Foundation nurses performing re-determinations levels of care with the QIS are currently licensed.

The DDP Waiver Specialist will annually monitor compliance with these standards and maintain the data results in the DDP CMS assurances file.

Function: Review participant service plans to ensure that waiver requirements are met.

Family Support Specialist supervisory staff and Adult Targeted Case Management supervisory staff perform this function on a sample basis. The DDP QIS is designated as the Department approval authority and reviews 100% of the plans of care for children enrolled in the waiver. Adult case managers are Department-designated approval authorities of the plans of care for persons in adult services. Case managers are the primary entity responsible for ensuring plans of care meet requirements. The use of standardized agency and/or DDP planning forms helps ensure quality and consistency.

The DDP QA (quality assurance) review process for both children's and adult services entails a comprehensive

review of a sample of waiver recipient plans of care. The plan of care requirements are defined in the Administrative Rules of Montana and these rules serve as the basis of the review checklist.

Effective 7/1/08, the DDP Waiver Specialist will be responsible for verifying the timeliness of the activities of case managers for children and adults in completing the Waiver-5 Freedom of Choice Form. In addition, the DDP Waiver Specialist will verify the timely completion of Waiver-4 cost projection forms. W-4 and W-5 forms are tied to planning process and maintained in the DDP QIS LOC individual recipient files. This data will be compiled annually on a sample basis and maintained in the CMS assurances file.

Function: Conduct training and technical assistance concerning waiver requirements.

Formal and informal training is conducted by a number of different DDP and service provider staff. Case managers in children's and adult services frequently provide technical information to families and others involved with the recipient. Often, this occurs in conjunction with the development of a referral and again during the planning process.

The consumer satisfaction surveys used by the DDP QIS during the onsite portion of the QA review have been updated to verify satisfaction with the technical assistance provided by case managers to service recipients and/or their families, guardians or advocates. Questions related to the training and technical assistance function have been incorporated into the onsite questionnaire. These results will be reported in the QA reviews for the providers of case management services. The QA document has been modified to include a section for this activity. These QA activities became effective 7/1/07.

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7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency.

*Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Contracted Entity
Participant waiver enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver enrollment managed against approved limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver expenditures managed against approved levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Level of care evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of Participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prior authorization of waiver services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Utilization management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Qualified provider enrollment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Execution of Medicaid provider agreements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Establishment of a statewide rate methodology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rules, policies, procedures and information development governing the waiver program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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### Quality Improvement: Administrative Authority of the Single State Medicaid

## Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

### a. Methods for Discovery: Administrative Authority

*The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.*

#### i. Performance Measures

*For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

#### Performance Measure:

A: 3. Adult Case Management Services Reviews The DDP QIS uses a checklist as outlined in Appendix M of the QA process.

#### Data Source (Select one):

Other

If 'Other' is selected, specify:

Records are reviewed in the DDP field offices and in the CM offices.

Responsible Party for data collection/generation(check each that applies):	Frequency of data collection/generation(check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = To be developed
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

#### Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):

<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

A.3. Case Management Services for Children The functions performed by child and adult case managers can be reviewed in A-7, but generally relate to the gathering of eligibility and referral information, needs identification (e.g., medical, educational and social), the development and monitoring of plans of care and coordinating the delivery of supports to recipients as outlined in the POC.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Reviews are conducted in the child and family agencies in accordance with the C&F comprehensive evaluation process.

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = Defined in C&F QA process
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
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<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

A.3. Mountain Pacific Quality Health Foundation Contract for RN Level of Care Reviews The DDP contracts with "The Foundation" for a Registered Nurse to accompany the DDP Quality Improvement Specialist (QIS) when meeting with the primary care giver for the purpose of completing initial Level of Care (LOC) activities.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

The DDP field office file reviews conducted by the Regional Manager or designee of LOC files maintained by the DDP QIS

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):



<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

A.5. Contracted entities providing case management in adult and children's services are reviewed against the performance requirements outlined in the Developmental Disabilities Program (DDP) quality assurance review tools specific to these services. The DDP Quality Improvement Specialist (QIS) is responsible monitoring, summarizing and reporting these activities in narrative format.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

QA reports are written by the DDP QIS and summarized on tables by DDP CO staff. Reports are distributed to the agency with a DDP contract, the board chair, and various DDP staff.

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = Porcess is outlined in QA documents
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and	Frequency of data aggregation and analysis
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<b>analysis (check each that applies):</b>	<b>(check each that applies):</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

**Performance Measure:**

A.6. Function: Disseminate information concerning the waiver to potential enrollees.  
This activity is assigned to case managers for children and adults, as outlined in the  
FSS certification requirements and the handbook for adult targeted case managers.

**Data Source (Select one):**

Record reviews, on-site

If 'Other' is selected, specify:

<b>Responsible Party for data collection/generation(check each that applies):</b>	<b>Frequency of data collection/generation(check each that applies):</b>	<b>Sampling Approach(check each that applies):</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = To be developed
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: _____
	<input type="checkbox"/> Other Specify: _____	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly

<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

A.6. Assist individuals in waiver enrollment. Adult Targeted Case Managers and Family Support Specialists are responsible for intake activities, including the gathering of information and service coordination needed to establish eligibility and place a person on the waiting list.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Review by the QIS to determine if persons referred and services

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = Process to be determined
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

Function: Conduct level of care evaluation activities Initial LOC Reviews: Family Support Specialists and adult TCMs coordinate the initial QIS and RN LOC home visits in waiver services, and provide information, as needed, to enable the QIS to complete the required LOC documents. As primary care givers, family members (usually parents) play a central role in the LOC process.

**Data Source (Select one):**

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = process to be developed
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

A.6. Nurses are available to complete onsite levels of care within 30 days of the request by the QIS. The Foundation Nurse is responsible for completing the required medical forms during the initial LOC review for all individuals served in the waiver. Initial LOC reviews are conducted face-to-face. A.6. Foundation nurses performing levels of care with the QIS are currently licensed.

**Data Source (Select one):**

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = process to be determined
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

A.6. Function: Review participant service plans to ensure that waiver requirements are met by the QIS. Case managers are the primary entity responsible for ensuring plans of care meet requirements. The QIS reviews all plans of care for children. Adult targeted case managers perform this function for adult services.

**Data Source (Select one):**

Record reviews, on-site

If 'Other' is selected, specify:

File reviews are conducted on site and off site

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = Process to be determined
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly

<input checked="" type="checkbox"/> <b>Other</b> Specify:	<input checked="" type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify:

**Performance Measure:**

A.6. Effective 7/1/07, the DDP Waiver Specialist will be responsible for verifying the timeliness of the activities of case managers for children and adults in completing the Waiver-5 Freedom of Choice Form. In addition, the DDP Waiver Specialist will verify the timely completion of Waiver-4 cost projection forms.

**Data Source (Select one):**

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>	<input type="checkbox"/> <b>100% Review</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>	<input checked="" type="checkbox"/> <b>Less than 100% Review</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>	<input checked="" type="checkbox"/> <b>Representative Sample</b> Confidence Interval = Process to be determined
<input type="checkbox"/> <b>Other</b> Specify:	<input checked="" type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group:
	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify:
	<input type="checkbox"/> <b>Other</b> Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b>	<input checked="" type="checkbox"/> <b>Annually</b>

Specify:	
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

A.6. Function: Conduct training and technical assistance concerning waiver requirements. Formal and informal training is conducted by a number of different DDP and service provider staff. Case managers in children's and adult services frequently provide technical information to families and others involved with the recipient. The QA review survey process is used to evaluate this effort.

**Data Source (Select one):**

On-site observations, interviews, monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation( <i>check each that applies</i> ):	Frequency of data collection/generation( <i>check each that applies</i> ):	Sampling Approach( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = Process to be determined
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly



<input type="checkbox"/> <b>Other</b> Specify: _____	<input checked="" type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: _____

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The 0208.90.R2.03 Waiver Amendment request as approved by CMS on 4/29/08 and updated in the MAIN Section 8.B. of this waiver application represents the current Quality Management Strategy used by the Department at this time.

The identification problems in the delivery of services are generally the result of the application of the QA review process, but problems are by no means limited to this source of information. The generic "QA Process" is specific to providers of direct client services, including the provision of case management services. The process for ensuring that State staff responsible for other required waiver activities are, in fact, completing these activities is not formalized at this time. There is no formal application of standards in identifying problems in the area of State staff performance. Development of these standards (e.g., performance standards for ensuring assigned annual QA reports are completed in a timely and satisfactory manner) will be part of the effort to develop a V.3.5 compliant Quality Improvement Strategy effective 7/1/10.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The delivery of direct client services by DDP-funded agencies with a DDP contract is subject to annual quality assurance reviews by DDP field staff. In general, identified problems are resolved via the application of the QAOS sheet (Quality Assurance Observation Sheet). This form generally requires short term turn around times, and negotiated timeframes for resolution of identified problems. At such time the problem is resolved, the QAOS sheet has been signed and dated by both parties, and the finding is considered closed. This document becomes part of the permanent QA record, and is maintained by the provider and in the DDP field and central offices.

Problems related to the performance of DDP staff are not subject to formal remediation tools at this time.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

<b>Responsible Party (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify: _____	<input checked="" type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b>

	Specify:
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**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

☐ No

☒ Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

At this time, the QA process used to evaluate DDP-funded service providers does not yield the numerical data that would be needed for data aggregation and analysis. As previously mentioned, the DDP needs to develop formal QA tools to evaluate the performance of all state staff in the execution of their waiver-related work. Performance measures are currently in place for several adult targeted case management functions. The Department will implement a quality assurance strategy and a quality improvement strategy for purpose of meeting the requirements of this section with an effective date of 7/1/10.